

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/519336

FILING DATE

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			/			
2	/						52			/			
3		2					53			/			
4		①					54			/			
5		①					55			/			
6	/						56			/			
7	/						57			/			
8	/						58			/			
9		①					59			/			
10		①					60			/			
11		②					61			/			
12	/						62			/			
13	/		/				63						
14		/					64						
15		2					65						
16		①					66						
17		①					67						
18	/						68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23	/						73						
24		/					74						
25		7					75						
26		7					76						
27	/						77						
28		/					78						
29		/					79						
30		3					80						
31		①					81						
32		①					82						
33	/						83						
34		/					84						
35		2					85						
36		2					86						
37		2					87						
38		2					88						
39		①					89						
40		①					90						
41	/						91						
42		/					92						
43		/					93						
44			/				94						
45			/				95						
46			/				96						
47			/				97						
48			/				98						
49			/				99						
50			/				100						
TOTAL IND.	11	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	51	←	27	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	62		25				TOTAL CLAIMS						